

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/921303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/		1	
2		1			-	-
3		1				1
4		1				1
5		1				1
6		1				1
7		1				1
8		1				1
9		1				1
10	1		✓			1
11		1				1
12		1				1
13	1		/			1
14		1				1
15		1				1
16		1				1
17		1				1
18		1				1
19		1				1
20		1				1
21		1				1
22		1				1
23		1				1
24		1				1
25		1				1
26		1				1
27		1				1
28		1				1
29		1				1
30	1		✓			1
31		1				1
32	1		✓			1
33		1				1
34		1				1
35		1				1
36		1				1
37		1				1
38		1				1
39		1				1
40		1				1
41		1				1
42		1				1
43		1				1
44	1		✓			1
45		1				1
46		1				1
47		1				1
48		1				1
49		1				1
50	1		/			1
TOTAL IND.	8				3	
TOTAL DEP.	61				34	
TOTAL CLAIMS	70				37	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				1
52		1				1
53		1				1
54		1				1
55		1				1
56		1				1
57		1				1
58		1				1
59		1				1
60		1				1
61		1				1
62		1				1
63		1				1
64	1		/			1
65		1				1
66		1				1
67		1				1
68		1				1
69		1				1
70		1				1
71		1				1
72		1				1
73		1				1
74		1				1
75		1				1
76		1				1
77		1				1
78		1				1
79		1				1
80		1				1
81		1				1
82		1				1
83		1				1
84		1				1
85		1				1
86		1				1
87		1				1
88		1				1
89		1				1
90		1				1
91		1				1
92		1				1
93		1				1
94		1				1
95		1				1
96		1				1
97		1				1
98		1				1
99		1				1
100		1				1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS